

FILED MAY 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18256**

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5906** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wardell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wardell 0780	
c. LENGTH OF STAY (If in place) 40 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 1		d. STREET ADDRESS (If rural, give location) Rural Route 1	

3. NAME OF DECEASED (Type or Print) a. (First) Eliza b. (Middle) Ellen c. (Last) Shipman			4. DATE OF DEATH (Month) (Day) (Year) April 26, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED Widowed (Specify)	8. DATE OF BIRTH 1-18-1866	9. AGE (In years by birthday) 86	IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Adam Smith	13b. MOTHER'S MAIDEN NAME Sarah Keesee	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. A. E. Trock ADDRESS Wardell, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1952**, to **1952**, that I last saw the deceased alive on **April 24, 1952**, and that death occurred at **3 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE D. Blaud A. Chastain (Degree or title) D.O.	23b. ADDRESS Wardell, Mo.	23c. DATE SIGNED 5-2-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-27-52	24c. NAME OF CEMETERY OR CREMATORY Wardell Memorial	24d. LOCATION (City, town, or county) (State) Wardell, Mo.
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DATE REC'D BY LOCAL REG. 5-7-52	REGISTRAR'S SIGNATURE John W. Lerman 406-1	25. FUNERAL DIRECTOR'S SIGNATURE Jimmy Osburn ADDRESS Funeral Home, Wardell, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

780
1

5-52-146

Rec. MAY 10 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Wardell, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.